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TRANSMITTAL LETTER

Form 1

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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-07/07/99--01038--008
*****78.75 *****78.75

SUBJECT:

SARASOTA WATER TAXI, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

LYNN BLOEMENDAAL

Name (Printed or typed)

5241 MAHOGANY RUN #422

Address

SARASOTA FLORIDA 34241

City, State & Zip

(941) 922-0792

Daytime Telephone number

FILED
99 JUL -7 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

107

D. BROWN JUL 14 1999

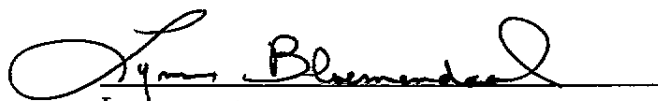
ARTICLES OF INCORPORATION

1. The name of the corporation shall be: SARASOTA WATER TAXI, INC.
2. The principal place of business and mailing address of the corporation is: 5241 MAHOGANY RUN #422 SARASOTA FL 34241
3. The corporation shall have the authority to issue 100,000 shares of stock.
4. The registered agent of the corporation is LYNN BLOEMENDAAI and the registered street address is 5241 MAHOGANY RUN #422 SARASOTA FL 34241.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: RANDY KEITH BLOEMENDAAI & LYNN BLOEMENDAAI
5241 MAHOGANY RUN #422
SARASOTA FL 34241

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

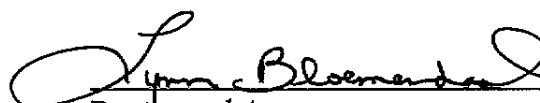
6. The incorporator of this corporation is LYNN BLOEMENDAAI whose street address is 5241 MAHOGANY RUN #422 SARASOTA FL 34241

Dated 7/5/99


 Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 7/5/99


 Registered Agent

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 99 JUL -7 PM 4:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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